

Foster Family Home - Corrective Action Report

Provider ID: 1-560202

Home Name: Florencia Jose, CNA

Review ID: 1-560202-6

1027 Pulaa Lane

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 11/21/2018

End Date:

11/21/18

Foster Family Home

Required Certificate

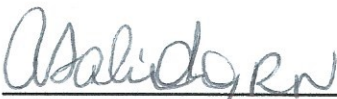
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/21/18.

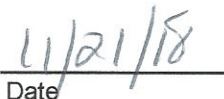
6.(d)(1) - Home in compliance with all requirements.



Compliance Manager



Primary Care Giver



Date

11/21/18

Date